BALLAST WATER REPORTING FORM

IS THIS AN AMENDED BALLAST REPORTING FORM? YES ☐ NO ☐

1. VESSEL INFORMATION	2. VOYAGE INFORMATION		3. BALLAST WATER USAGE AND CAPACITY
Vessel Name:	Arrival Port:		*Specify Units Below (m^3, MT, LT, ST)*
IMO Number:	Arrival Date:		Total Ballast Water on Board:
Owner:	Agent:		Volume / Units / No. of Tanks in Ballast
Type:	Last Port:	Country of Last Port:	
GT:			Total Ballast Water Capacity:
Call Sign:	Next Port:	Country of Next Port:	Volume / Units / Total No. of Tanks on Ship
Flag:			

4. BALLAST WATER MANAGEMENT Total No. Ballast Water Tanks to be discharged: ☐

Of tanks to be discharged, how many: Underwent Exchange: ☐ Underwent Alternative Management: ☐

Please specify alternative method(s) used, if any: _____

If no ballast treatment conducted, state reason why not: _____

Ballast management plan on board? YES ☐ NO ☐ Management plan implemented? YES ☐ NO ☐

IMO ballast water guidelines on board [res. A.868(20)]? YES ☐ NO ☐

5. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival; IF NONE, GO TO #6 ***(Use additional sheets as needed)***

Tanks/ Holds	BW SOURCES				BW MANAGEMENT PRACTICES						BW DISCHARGES			
List multiple sources/tanks separately	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

6. RESPONSIBLE OFFICER'S NAME AND TITLE, PRINTED AND SIGNATURE: _____